Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 261-7083 **Phone #:** (608) 266-2112 1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@dsps.wi.gov Website: http://dsps.wi.gov

ACCOUNTING EXAMINING BOARD

PERSONAL CHRONOLOGICAL RESUMÉ OF ACCOUNTING EXPERIENCE

Type or p	ate						
should be entry. Sl	e listed as now mont	engagem h, day and	tendance at a university or college should be listed as ent 2, with subsequent experience in chronological order year under engagements. Enter total time claimed in col	. What you are	iber 1. Your first employment doing today should be your last		
ENGA	GEMENT	NO. 1	School Attended				
FROM:							
Month	Day	Year	Location				
го:			Degree Received	Major			
Month	Day	Year					
	GD1 501		I.s.				
ENGAGEMENT NO. 2 FROM:			Employer				
			Address of Employer				
Month	Day	Year	The Carlo De Control D				
го:			Type of Work Performed & Title/Position Held	Immediate Super	visor		
Month	Day	Year	Duties/Extent of Experience & Responsibility				
					Hours Don Wools		
					Hours Per Week		
					Years Months		
					rears Months		
ENGA	GEMENT	NO. 3	Employer				
FROM:							
Month	———— Day	Year	Address of Employer				
Monui	Day	1 Cai	Type of Work Performed & Title/Position Held	Immediate Super	visor		
го:				•			
Month	Day	Year	Duties/Extent of Experience & Responsibility				
					Hours Dan Wools		
					Hours Per Week		
					Years Months		
					1 cars 1 months		

Wisconsin Department of Safety and Professional Services

ENGAGEMENT NO. 4			Employer		
FROM:					
Month	——————————————————————————————————————	Year	Address of Employer		
			Type of Work Performed & Title/Position Held	Immediate Supervisor	
TO:					
Month	Day	Year	Duties/Extent of Experience & Responsibility		
					Hours Per Week
					Years Months
	CE1 5E1				
ENGA FROM:	GEMENT	' NO. 5	Employer		
			Address of Employer		
Month	Day	Year		T 11	
TO:			Type of Work Performed & Title/Position Held	Immediate Supervisor	
Month	Day	Year	Duties/Extent of Experience & Responsibility		
					Hours Per Week
					Years Months
ENGA FROM:	GEMENT	NO. 6	Employer		
FROM:			Address of Employer		
Month	Day	Year			
TO:			Type of Work Performed & Title/Position Held	Immediate Supervisor	
Month	Day	Year	Duties/Extent of Experience & Responsibility		
					Hours Per Week
					Years Months